

**Work Order ID 100549**

April-22-13 1:44:21 PM

**\*100549\***

Page 1

Item ID: D2236

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Lid Rib

Start Date: 4/29/13 Start Qty: 6.00

**\*d\***  
**\*d\*** 12x

Cust Item ID:

Required Date: 4/29/13 Req'd Qty: 6.00

Customer:

Reference:

Approvals: Process Plan: MLJDate: 13-04-24

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2236	C								
100		0.00							
<b>*100*</b>	Large Fab								
Large Fab	Memo	0.00							
Large Fab	1- Pick D3166-3 and cut use DT8303								
	2- Remove identification markings on tube								
	3- Deburr								
110	QC6- Inspect dimensions to drawing	0.00							
<b>*110*</b>	Memo	0.00							
QC									
Quality Control									

12x CC 13-12-5

12x Das 43 13:12:10  
9-89

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>					
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

**Work Order ID 100549****\*100549\***

Page 2

April-22-13 1:44:21 PM

Item ID: D2236

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Lid Rib

Stop

**\*NS2\***

Start Date: 4/29/13 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 4/29/13 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> Packaging	Identify as per dwg & Stock Location: <i>Booked 4/11</i>	0.00							DAS 43 13.12.10
Packaging	Memo	0.00							
130 <b>*130*</b> QC	QC21- Final Inspection - Work Order Release <i>Memo</i>	0.00							13/12/10 JJ
Quality Control		0.00							

*PLB 12/10*

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>																																																																																																											
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																																																																																													
Part No. _____			Work Order Update <input type="checkbox"/>																																																																																																														
NCR No. _____																																																																																																																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector																																																																																																			
Doc/Data																																																																																																																	
Equip/Tooling																																																																																																																	
Operator																																																																																																																	
Material																																																																																																																	
Setup																																																																																																																	
Other																																																																																																																	
Process																																																																																																																	
Supplier																																																																																																																	
Training																																																																																																																	
Unapproved																																																																																																																	
<b>FAULT CATEGORY</b>																																																																																																																	
Landing Gear				<table border="0"> <tr><td colspan="3">General</td><td colspan="8"></td></tr> <tr><td><input type="checkbox"/></td><td>Bend</td><td><input type="checkbox"/></td><td>Grain</td><td><input type="checkbox"/></td><td>Ovalized</td><td><input type="checkbox"/></td><td>Pressure/Forced</td></tr> <tr><td><input type="checkbox"/></td><td>Centre Not Concentric to O/S</td><td><input type="checkbox"/></td><td>Hardware</td><td><input type="checkbox"/></td><td>Over/Under tolerance</td><td><input type="checkbox"/></td><td>Temperature/Cure</td></tr> <tr><td><input type="checkbox"/></td><td>Cracks</td><td><input type="checkbox"/></td><td>Inspection Incomplete</td><td><input type="checkbox"/></td><td>Part Incorrect</td><td><input type="checkbox"/></td><td>Weld</td></tr> <tr><td><input type="checkbox"/></td><td>Crushed/Crimped</td><td><input type="checkbox"/></td><td>Instructions Incomplete/Unclear</td><td><input type="checkbox"/></td><td>Part Lost/Missing</td><td><input type="checkbox"/></td><td>Wrong Stock Pulled</td></tr> <tr><td><input type="checkbox"/></td><td>Cuffs</td><td><input type="checkbox"/></td><td>Maintenance</td><td><input type="checkbox"/></td><td>Part Moved</td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Heat Treat</td><td><input type="checkbox"/></td><td>Mislabeled</td><td><input type="checkbox"/></td><td>Positioned Wrong</td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Inspection Strip in Tube</td><td><input type="checkbox"/></td><td>Misread</td><td><input type="checkbox"/></td><td>Power Loss/Surge</td><td><input type="checkbox"/></td><td>Other</td></tr> <tr><td><input type="checkbox"/></td><td>Ripples in Bend</td><td><input type="checkbox"/></td><td>Offset</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Torque Waves in Extrusion</td><td><input type="checkbox"/></td><td>Out of Calibration</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Turning Sequence</td><td><input type="checkbox"/></td><td>Out of Sequence</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Wave/Twist in Tube</td><td><input type="checkbox"/></td><td>Outside Dimensions</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> </table>											General											<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>	
				General																																																																																																													
				<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced																																																																																																						
				<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure																																																																																																						
				<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld																																																																																																						
				<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled																																																																																																						
				<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>																																																																																																							
				<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>																																																																																																							
				<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other																																																																																																						
				<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>																																																																																																							
				<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>																																																																																																							
				<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>																																																																																																							
				<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>																																																																																																							

## Picklist Print

April-22-13 1:44:21 PM

Page 1

**Work Order ID:** 100549

**Parent Item:** D2236

**Parent Item Name:** Lid Rib

**Start Date:** 4/29/13

**Required Date:** 4/29/13

**Start Qty:** 6.00

**Required Qty: 6.00**

**Comments:** IPP REV:A 12.11.28 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3166-3 Basket Hoop		Manufactured	No			100	Each	11.0387	0.25	1.5	CC 13-12-5		
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				WA			0.494736	B977722	(3)				
					94157		0.494736						
				WA004			10.1052						
					81578		0.1052						
					98074		10						
				WA007			0.4388						
					77294		0.4388						

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____	<b>DISPOSITION</b>	<b>AGAINST DEPARTMENT/PROCESS</b>					
Part No. _____	Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
NCR No. _____							

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

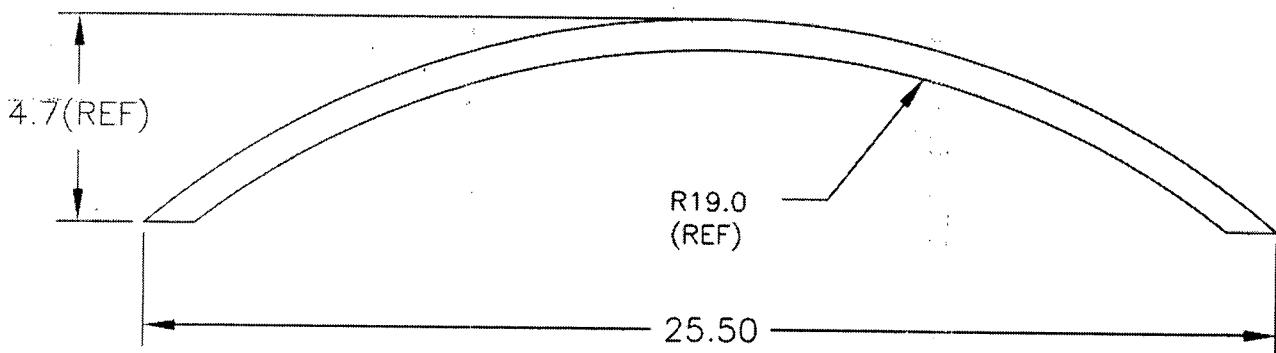
**FAULT CATEGORY**

<b>Landing Gear</b>	<b>General</b>			
Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced
Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure
Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld
Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled
Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	
Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	
Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other
Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset		
Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration		
Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence		
Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions		

**DART**

DESIGN BW	DRAWN BY PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. D2236	REV. C	SHEET 1 OF 1
DATE 05.06.07		TITLE LID RIB	SCALE 1:4	
A	94.05.30	NEW ISSUE		
B	94.12.16	LID		
C	05.06.07	UPDATE NOTES, CHANGE RADIUS TO 19.0		

RELEASED

05-08-19 *[initials]***D2236**100549.MLS  
13-04-24**D2236 LID RIB**

- 1) MAKE FROM D3166-3 BASKET HOOP
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) ALL TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

**Copyright © 1994 by DART AEROSPACE LTD**

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.